**County of Los Angeles Department of Mental Health** 

<b>Student Professiona</b>	Student Professional Development Program 2015-2016 Academic Year					
Complete this form for each discipline to be placed at this agency:  Service						
_	_	Area				
☐ Psychology		Nursing 8				
o Practicum	<u></u>	Marriage Family Therapist				
o Externship		Occupational Therapy				
<ul><li>○ Internship</li><li>⋈ Social Work</li></ul>	Ц	<b>Other</b> ( <i>specify</i> ):				
	: _Mental Health					
o Macro/Admini						
0 1/2002 0/12 0/12						
DMH Agency:	Long Beach API Family M	ental Health Center				
DMH Agency Address:	4510 E. Pacific Coast Hwy.	, Ste. 600				
	Long Beach, CA 90804					
DMH Agency Liaison:	Anne Choe					
New or Returning:	New	□ Returning				
Liaison Email Address:	achoe@dmh.lacounty.gov					
Liaison Phone Number:	562-346-1123					
Liaison Fax Number:	213					
Agency ADA accessible		No				
Student Requirements		1				
How many positions will	~					
Beginning and ending da	tes:	Each academic school year				
Student Schedule: Mo	nday and Wednesday OR	Tuesday and Thursday				
Student Schedule: Monday and Wednesday OR Tuesday and Thursday  Please indicate days and times students should be available to provide services, including mandatory staff meetings (SM), training seminars (TR), supervision (SUP), etc.						
Monday		SUP				
Tuesday						
Wednesday		SM				
Thursday						
Friday						
Total hours expected to b		16 - 20				
Number of direct client hours per week anticipated:		10				
Expected average consumer caseload:		10 - 15				
What cultural groups typ your site?	oically received services at	Cambodian, Vietnamese & Chinese (all ages)				

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<b>Description of Site:</b> (Please describe the type		
Directly operated LAC-DMH clinic that propulation, including medications.	vid	es mental health tx to Asian Pacific Islander
Target population and types of services pro	ovi	<b>ded:</b> (please check all that apply)
<b>Individuals</b>	X	Psychoeducational groups (e.g. Parenting
<b>☐</b> Groups		Community Outreach
<b>Families</b>	$\boxtimes$	Brief treatment to mid-term treatment
Children & Adolescents	$\overline{X}$	Long term treatment
Adults	$\boxtimes$	Crisis Intervention
<b>◯</b> Older Adults	$\boxtimes$	Screening and Assessment
<b>◯</b> Court/Probation referred		Psych Testing (For psychology students only
Consultation/Liaison		Other (specify):
What are the most frequent diagnostic catego PTSD, Depression, Anxiety and Psychosis	rie	s of your client population?
What specific (perhaps unique) training oppo	rtu	nities do students have at your agency?
Evidence based practices		
What evidence based practices or theoretical	ori	entations will students be exposed to at this site?
CBT, Seeking Safety, Prolonged Exposure and		±
,		
Do students have the opportunity to work in a those with lived experience?	a m	nultidisciplinary team environment that includes
Yes, we have case workers, psychiatrists and l	RN	i's
List locations where students will be providing	าฮร	services other than agency?
Only at the agency location	<u> </u>	one man agency.
om, at the agency rotation		
Does your agency allow students to videotape	e ai	nd/or audiotape clients for the purpose of presenting
cases in their academic classes? Yes $\boxtimes$		No 🗌

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Student Professional Development Program

2015-2016 Academic Year

## **Supervision:**

What types of supervision will be provided for the students and what is the licensure/discipline of the supervisor? Please specify below.

Type	Hours Per Week	On Site Supervisor Degree/Discipline
Individual:	1.10	LCSW
Group:	1:5	LCSW

- J F ·			
Individual:	1.10	LCSW	
Group:	1:5	LCSW	
What is the minin	num ratio of supervisi	ion to client cont	tact hours? 1:10
coursework? If so		range of previous	s experience or specific prerequisite
n/a			
Agency Applicati	ion Process		
agreement with the opportunity. All somust obtain live so	e Los Angeles Count tudents are processed can clearance. All in	y Department of d through Huma terns are require	tic institutions who have a current affiliation of Mental Health may be extended a placement in Resources Bureau. All prospective internated to complete a mandatory HIPAA ing (for line staff) as part as the terms of their
DMH Staff comp	oleting this form: A	nne Choe	Title: LCSW
Signature:			Date: <u>3-8-15</u>
Program Head:_	Scott Hanada		Phone #: <u>562-346-1128</u>
District Chief: Y	oung Sook-Kim Sasa	ki	Phone #:
Electronic Signat	ture: Anne Choe		Date: 3/8/15